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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket Number (Optional) SCH-1686C1 |
|---|--|

In re Application of Norman Nashed

Application Number 09/619,493

Filed July 19, 2000

For THERAPEUTIC GESTAGENS FOR THE TREATMENT OF
PREMENSTRUAL DYSPHORIC DISORDER

Group Art Unit
1616

Examiner
S. Qazi

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3402.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 46,044.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 1, 2002

Date

Robert E. McCarthy

Signature

Robert E. McCarthy

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Docket No. SCH-1686C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION OF: Norman NASHED et al.

GAU: 1616

SERIAL NO: 09/619,493

EXAMINER: Sabiha N. Qazi

FILING DATE: July 19, 2000

FOR: THERAPEUTIC GESTAGENS FOR THE TREATMENT OF PREMENSTRUAL DYSPHORIC DISORDER

AMENDMENT TRANSMITTAL

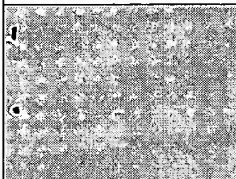
ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

SIR:

Transmitted herewith is an amendment in the above-identified application.

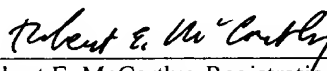
☐ Applicant(s) is/are entitled to small entity status.☒ Additional documents filed herewith: **Declaration under 37 C.F.R. §1.132;
One Month Extension of Time;
Literature References**

The fee has been calculated below:

| CLAIMS | CLAIMS REMAINING | | HIGHEST NO. PREVIOUSLY PAID FOR | NO. OF EXTRA CLAIMS | RATE | | CALCULATIONS |
|---|--|-------|---------------------------------------|------------------------|------|--------|--------------|
| TOTAL | 16 | MINUS | 20 | 0 | x | \$18 = | \$0.00 |
| INDEPENDENT | 1 | MINUS | 3 | 0 | x | \$84 = | \$0.00 |
|  | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS | | | | | | |
| | TOTAL OF ABOVE CALCULATIONS | | | | | | \$0.00 |
| | <input checked="" type="checkbox"/> | | | | | | |
| | <input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY | | | | | | \$0.00 |
| | <input type="checkbox"/> RECORDATION OF ASSIGNMENT | | | | + | \$40 = | \$0.00 |
| TOTAL | | | | | | \$0.00 | |

☒ A check in the amount of \$110.00 is attached.☒ Please charge any additional fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 13-3402. A duplicate copy of this sheet is enclosed.☒ If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. § 1.136, and any additional fees required under 37 C.F.R. § 1.36 for any necessary extension of time may be charged to Deposit Account No. 13-3402. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


Robert E. McCarthy, Registration No. 46,044
Agent for ApplicantsMILLEN, WHITE, ZELANO
& BRANIGAN, P.C.
Arlington Courthouse Plaza I
2200 Clarendon Blvd. Suite 1400
Arlington, Virginia 22201
Telephone: (703) 243-6333
Facsimile: (703) 243-6410
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